Image# 14952691382 PAGE 1 / 17

#### **FEC** FORM 3X

### REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An At	utnorized Commi	itee	Office Us	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If tylover the lines.		FE4M5	
ALL CITIZENS FOR	MISSISSIPPI				
ADDRESS (number and street)	1750 ELLIS AVE., SUITE	600			
Check if different than previously reported. (ACC)	JACKSON		M:	S 39204	<u> </u>
2. FEC IDENTIFICATION	NUMBER ▼ C	CITY 🛦	STAT	ΓE <b>▲</b>	ZIP CODE ▲
C C00564351	3.	IS THIS REPORT X	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	(Non-Election Year Only)
April 15 Quarterly Report	t (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report	t (Q2) (c) 12-Day  PRE-Election  Report for the:	Primary (1:		General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Report	•				
January 31 Year-End Report	t (YE)Elec	ction on	/ D D / Y	Y	in the State of
July 31 Mid-Yea Report (Non-ele Year Only) (MY)	ction (d) 30-Day	,	(0G)	Runoff (30R)	Special (30S)
Termination Rep (TER)	oort	ction on 11		2014	in the State of MS
5. Covering Period	10 01 2014	through	11/	24 201	14
I certify that I have examined	d this Report and to the best	of my knowledge and	d belief it is true, co	orrect and complet	te.
Type or Print Name of Treas	urer Jacqueline Vann				
Signature of Treasurer	acqueline Vann	[Electronica	ally Filed] Date	12 / D 02	
NOTE: Submission of false, en	roneous, or incomplete informat	tion may subject the p	erson signing this R	eport to the penalti	es of 2 U.S.C. §437g.
Office Use Only					<b>FORM 3X</b> Rev. 12/2004

### **SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
or Type Committee Name		

Write or Type Committee Name ALL CITIZENS FOR MISSISSIPPI 10 2014 2014 Report Covering the Period: 24 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 9059.46 Beginning of Reporting Period..... 183340.00 19000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 28059.46 183340.00 6(a) and 6(c) for Column B)..... 27451.85 182732.39 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 607.61 607.61 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### ALL CITIZENS FOR MISSISSIPPI

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	11540.00
	(ii) Unitemized(iii) TOTAL (add	0.00	800.00
	Lines 11(a)(i) and (ii)▶	0.00	12340.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	19000.00	171000.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19000.00	183340.00
12.	Transfers From Affiliated/Other	0.00	0.00
10	Party Committees	0.00	0.00
13.	All Loans Received		0.00
	Loan Repayments Received  Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	19000.00	183340.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	19000.00	183340.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) All	ng Expenditures: ocated Federal/Non-Federal	1000 1000	Outchau Tear-to-Date
	tivity (from Schedule H4)  Federal Share	0.00	0.00
(i)	rederal Share		
(ii)	Non-Federal Share	0.00	0.00
	ner Federal Operating	0.00	127704.83
	penditures al Operating Expenditures	0.00	127704.03
	Id 21(a)(i), (a)(ii), and (b))▶	0.00	127704.83
Transfe	rs to Affiliated/Other Party		
Commit Contrib	teesutions to	0.00	0.00
Federal	Candidates/Committees ner Political Committees	0.00	0.00
	ndent Expenditures		
(use So	chedule E) lated Party Expenditures	27451.85	55027.56
(2 U.S.	C. §441a(d)) Chedule F)	0.00	0.00
(use So	chedule F)		0.00
Loan R	epayments Made	0.00	0.00
		0.00	0.00
Loans I Refund	Mades of Contributions To:	0.00	0.00
(a) Inc	lividuals/Persons Other an Political Committees	0.00	0.00
	litical Party Committees	0.00	0.00
(-)	ner Political Committees	0.00	0.00
(St	ich as PACs)	0.00	
(d) To	al Contribution Refunds		
(ad	ld Lines 28(a), (b), and (c))▶	0.00	0.00
Other D	Disbursements	0.00	0.00
Other L	nabursements	0.00	0.00
Federa	Election Activity (2 U.S.C. §431(20))		
. ,	ocated Federal Election Activity		
	om Schedule H6) Federal Share	0.00	0.00
(1)	r cacrar criare		
` '	"Levin" Share	0.00	0.00
(b) Fe	deral Election Activity Paid Entirely	0.00	0.00
(c) To	With Federal Fundsal Federal Election Activity (add	0.00	0.00
	nes 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
<b>-</b>			
	sbursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	27451.85	400700 00
۷۵, ۷4,	20, 20, 21, 20(u), 20 and 30(c))	2/451.05	182732.39
	ederal Disbursements		
	et Line 21(a)(ii) and Line 30(a)(ii)	44.14	100700 00
from Li	ne 31)	27451.85	182732.39

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5** 

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19000.00	183340.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19000.00	183340.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	127704.83
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	127704.83

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	_											
Use separate schedule(s) for each category of the Detailed Summary Page	FC	FOR LINE NUMBER:					PAGE	. (	6	OF		17
	(cl	(check only one)										
			11a		11b	X	11c		12	!		
			13		14		15		16	;		17
not be sold or used by any person for the purpose of soliciting contributions												

	d Statements may not be sold or used by any personant the name and address of any political committee to	
NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISS	SIPPI	
Full Name (Last, First, Middle Initial)  Mississippi Conservatives  Mailing Address P O Box 2096		Date of Receipt
City Jackson  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code MS 39225  C C00554774  Occupation  Aggregate Year-to-Date ▼  171000.00	Transaction ID: SA11C.4314  Amount of Each Receipt this Period  19000.00
Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer  Receipt For:	Occupation	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		19000.00
TOTAL This Period (last page this line numb	per only)	19000.00

#### SCHEDU **ITEMIZED**

MIZED INDEPENDENT EXPENDIT	URES				PAGE 7	OF 17 24 OF FORM 33
ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION	ON NUMBER <b>V</b>
LL CITIZENS FOR MISSISSIP	PI			С	C00564351	
ck if 24-hour report 48-hour rep	ort New	report Amends repo	rt filed on	M = M	/ D = D /	Y = Y = Y = Y
Full Name of Payee Alpha Media				of Publ	ic Distribution	/Dissemination
Mailing Address 731 S Pear Orchard Road	Suite 27		Amor	10	28	2014
City	State	Zip Code	— r	-		3400.85
Ridgeland	MS	39157			D: SE.4287 oursement or 0	Obligation
Purpose of Expenditure Radio Ad		Category/ Type 004	] [	10	28	2014
Name of Federal Candidate THAD COCHRAN		Support	Office Soug	L	House	District:
Calendar Year-To-Date Per Election for Office Sought		Oppose 11450.85	Disburseme 2014	nt For:	Senate Primary pecify)	State: MS Genera
Full Name of Payee Annette Caraballo  Mailing Address 1213 Anna Lisa Lane				M = M	lic Distribution	/Dissemination
City	State	Zip Code				400.00
Jackson	MS	39204			D: SE.4328 oursement or	
Purpose of Expenditure Consultant		Category/ Type 003		M 10	/ 29 /	2014
Name of Federal Candidate		X Support	Office Soug	ht:	House	District:
THAD COCHRAN		Oppose	Presid	dent	Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought		24951.85	Disburseme		Primary specify) ▶	/ X Genera
a) SUBTOTAL of Itemized Independent Exp	penditures					3800.85
b) SUBTOTAL of Unitemized Independent E	Expenditures		· [		7	
c) TOTAL Independent Expenditures						

Under pe with, or party committee) any political party committee or its agent.

Jacqueline Vann	[Electronically Filed]	Date	12	02	2014	Υ
Signature						-

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEI	MIZED INDEPENDENT EXPENDITURES				PAGE 8 OF 17 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ΑL	LL CITIZENS FOR MISSISSIPPI				C C00564351
Che	eck if 24-hour report 48-hour report Ne	ew repo	port Amends repo	ort filed	d on Mam / Dad / Yayayay
Т	Full Name of Payee				Date of Public Distribution/Dissemination
	Ronnie Crudup Sr.				M M / D D / Y Y Y Y
	Mailing Address 242 Heathway Cove				Amount
$\vdash$	City State		Zip Code		500.00
- 1	Jackson MS		39272		Transaction ID : SE.4332
	Purpose of Expenditure Printing & notification list		Category/ Type 003		Date of Disbursement or Obligation  11 13 2014
1	Name of Federal Candidate		Support	Offic	e Sought: House District:
	THAD COCHRAN		Oppose		President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought		26051.85	Disbi 2014	ursement For: Primary X General  Other (specify) ▶
ľ	Full Name of Payee	•			Date of Public Distribution/Dissemination
	EJ'S Entertainment				M M / D D / Y Y Y Y
ľ	Mailing Address 120 Emmit Road				Amount
ŀ	City State		Zip Code		800.00
	Flora MS		39071		Transaction ID : SE.4321  Date of Disbursement or Obligation
	Purpose of Expenditure Sound & Lighting Block Party		Category/ Type 003		10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		X Support	Offic	ce Sought: House District:
	THAD COCHRAN		Oppose		President State: MS
	Calendar Year-To-Date Per Election for Office Sought	_	1629.00	Disb 2014	
		- 1			Other (specify) -
(6	(a) SUBTOTAL of Itemized Independent Expenditures			··· <b>&gt;</b>	1300.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures			▶	
(4	(c) TOTAL Independent Expenditures			··· <b>•</b>	
W	Under penalty of perjury I certify that the independent expendivith, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Jacqueline Vann	lectron	nically Filed]	· · · · · ·	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		Date	e'	12 02 2014

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EMIZED INDEPENDENT EXPENDITURES			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
A	LL CITIZENS FOR MISSISSIPPI		l l	C C00564351
Ch	eck if 24-hour report 48-hour report New report	ort Amends repor	t filed on	/ D D / Y D D /
	Full Name of Payee Kehinde Gaynor		Date of	Public Distribution/Dissemination
			M	M / D D / Y Y Y Y
	Mailing Address 1221 Scots Glen		Amoun	t
	City State	Zip Code		300.00
	Jackson MS	39204		tion ID : SE.4330 Disbursement or Obligation
	Purpose of Expenditure Invitations	Category/ Type 003	М	0 29 2014
	Name of Federal Candidate	Support	Office Sought:	House District:
	THAD COCHRAN	Oppose	Presider	nt Senate State: MS
	Calendar Year-To-Date	25251.85	Disbursement 2014	For: Primary X General
	Per Election for Office Sought	23231.03		ner (specify)
	Full Name of Payee Staci Hunter		Date of	f Public Distribution/Dissemination
			M	M / D D / Y Y Y Y
	Mailing Address 624 Freemont St		Amoun	t
	City State	Zip Code	<b>—Г</b> :	200.00
	Jackson MS	39204		tion ID : SE.4318 f Disbursement or Obligation
	Purpose of Expenditure Consultant	Category/ Type 003	М	10 21 2014
	Name of Federal Candidate	X Support	Office Sought:	: House District:
	THAD COCHRAN	Oppose	Presider	nt Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	629.00	Disbursement 2014 Oth	For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	500.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>-</b>	4 4
	(c) TOTAL Independent Expenditures		<b>.</b> .	
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			•
	Jacqueline Vann	ioallu EiloJi	MM /	D D / Y Y Y Y Y
	Signature	ically Filed] Date	12	02 2014

	age# 14952691391		
	CHEDULE E (FEC Form 3X)		
ΓΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 10 OF 17
\ I A	AAE OF COMMITTEE (In F.III)		FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI		FEC IDENTIFICATION NUMBER ▼
_	LE OTTIZENO I OK WIIOOIOOII I I		C C00564351
_			
Эh	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Staci Hunter		M = M / D = D / Y = Y = Y
	Mailing Address 624 Freemont St		
	32 11 1353 21		Amount
	City State	Zip Code	300.00
	Jackson MS	39204	Transaction ID : SE.4331
	Purpose of Expenditure	10: / -	Date of Disbursement or Obligation
	Consultant	Category/ Type 003	10 / 29 / 2014
	Name of Federal Candidate	X Support	Office Sought: House District:
	THAD COCHRAN	Oppose	President Senate State: MS
	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought	25551.85	2014
	Full Name of Payee		Date of Public Distribution/Dissemination
	iHeart Media		10 28 2014
	Mailing Address 1375 Beasley Road		
	18.0 230018)		Amount
	City State	Zip Code	3501.00
	Jackson MS	39206	Transaction ID : SE.4289
		1	Date of Disbursement or Obligation
	Purpose of Expenditure Radio Ad	Category/ Type 004	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought: House District:
	THAD COCHRAN	Oppose	President Senate State: MS
	Calendar Year-To-Date	44054.05	Disbursement For: Primary General
	Per Election for Office Sought	14951.85	Other (specify)
			▶ 3801.00
	(a) SUBTOTAL of Itemized Independent Expenditures	••••••	5001.00
	(a) SUBTOTAL of Itemized Independent Expenditures		3001.00
	(a) SUBTOTAL of Itemized Independent Expenditures		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jacqueline Vann	[Electronically Filed]	Date	12	/ 02	2014
Signature					

#### S IT

Jacqueline Vann

Signature

CHEDULE E (FEC Form 3)			
TEMIZED INDEPENDENT EXPEND	DITURES		PAGE 11 OF 17 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISS	IPPI		
			C C00564351
Check if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on
Full Name of Payee La Finestra			Date of Public Distribution/Dissemination
La Fillestia			M M / D D / Y Y Y Y
Mailing Address 120 N Congress St., St.	uite L-3		Amount
City	State	Zip Code	3720.00
Jackson	MS	39201	Transaction ID : SE.4323  Date of Disbursement or Obligation
Purpose of Expenditure Catering cost		Category/ Type 003	10 23 / Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House District:
THAD COCHRAN		Oppose	President X Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		5349.00	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ferdinard McAfee			M M / D D / Y Y Y Y
Mailing Address 151 Broadway Street #	D5		Amount
City	State	Zip Code	200.00
Clinton	MS	39056	Transaction ID : SE.4325  Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M = M / D = D / Y = Y = Y
Consultant		Type 003	10 23 2014
Name of Federal Candidate		X Support	Office Sought: House District:
THAD COCHRAN		Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		5549.00	Disbursement For:  Primary  General 2014  General
(a) SUBTOTAL of Itemized Independent	Expenditures		. ▶ 3920.00
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		. •
(c) TOTAL Independent Expenditures			<b>•</b>
. , , , , ,	any candidate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

[Electronically Filed]

12

Date

02

2014

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE	12	OF	17	
	FOR LI	NE 24	OF FC	RM 3X	
DENTIFICATION NUMBER ▼					

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI	FEC IDENTIFICATION NUMBER ▼
ALL OTTIZETIO FOR WITCOIOOIFFF	C C00564351
Check if 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee	Date of Public Distribution/Dissemination
Ferdinard McAfee	M M M / D D / Y M Y M Y M Y
Mailing Address 151 Broadway Street #D5	Amount
City State Zip Code	1900.00
Clinton MS 39056	Transaction ID : SE.4327 Date of Disbursement or Obligation
Purpose of Expenditure Consultant  Category/ Type  003	10 29 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
THAD COCHRAN Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 24551.85	ursement For: Primary
Full Name of Payee Roberts Radio, LLC	Date of Public Distribution/Dissemination  10 28 2014
Mailing Address 745 N State Street	Amount
City State Zip Code	3000.00
Jackson MS 39202	Transaction ID : SE.4291 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad  Category/ Type  004	10 / 28 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
THAD COCHRAN Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	4900.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Jacqueline Vann  [Electronically Filed] Date	2 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 OF 17 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00564351
M / D D / Y B Y B Y
of Public Distribution/Dissemination
nt
429.00
ction ID : SE.4316 of Disbursement or Obligation
M / D D / Y Y Y
10 20 2014
t: House District:
ent Senate State: MS
t For: Primary X General
ther (specify) ▶
of Public Distribution/Dissemination
10 29 2014
nt
1600.00
1600.00 ction ID : SE.4301
1600.00  ction ID : SE.4301  of Disbursement or Obligation
1600.00  ction ID : SE.4301  of Disbursement or Obligation  10 29 2014
1600.00  ction ID : SE.4301 of Disbursement or Obligation  10
tt: House District: MS  Senate State: MS
tt: House District: MS  Senate State: MS  Tent For: Primary General

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISSIPPI	C C00564351
	G control
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Statewide Insurance	M = M / D = D / Y = Y = Y
Mailing Address 3070 J R Lynch Street	1
3070 3 K Lynch Street	Amount
City State Zip Code	429.00
Jackson MS 39209	Transaction ID : SE.4316
	Date of Disbursement or Obligation
Purpose of Expenditure Fundraising  Category/ Type  003	10 / 20 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District:
THAD COCHRAN Oppose	President Senate State: MS
	bursement For: Primary X General
Per Election for Office Sought 429.00 201	4 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
The Jackson Advocate	10 29 2014
Mailing Address 438 Mill St	Amount
City State Zip Code	1600.00
Jackson MS 39202	Transaction ID : SE.4301  Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Newspaper Ad Type 004	10 29 2014
Name of Federal Candidate Support Offi	ce Sought: House District:
THAD COCHRAN Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  22651.85  Dis 20	bursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2029.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Jacqueline Vann [Electronically Filed]	12 02 2014
Signature	

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	14	OF	17
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISSIPPI	C C00564351
Check if 24-hour report 48-hour report New report Amends report filed of	on
Full Name of Payee	Date of Public Distribution/Dissemination
The Mississippi Link	M = M / D = D / Y = Y = Y
Mailing Address 2659 Livingston Rd	Amount
City State Zip Code	800.00
	Transaction ID : SE.4320 Date of Disbursement or Obligation
Purpose of Expenditure Ad Block Party  Category/ Type  003	10 23 7 2014
Name of Federal Candidate Support Office	Sought: House District:
THAD COCHRAN Oppose	President State: MS
Per Election for Office Sought 800.00 2104	rsement For: Primary General
	Other (specify)
Full Name of Payee The Mississippi Link	Date of Public Distribution/Dissemination
Mailing Address 2659 Livingston Rd	10 29 2014 Amount
City State Zip Code	800.00
Jackson MS 39213	Transaction ID : SE.4300  Date of Disbursement or Obligation
Purpose of Expenditure Newspaper ad  Category/ Type  004	10 / 29 / 2014
Name of Federal Candidate Support Office	Sought: House District:
THAD COCHRAN Oppose	President State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	1600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Jacqueline Vann [Electronically Filed] Date 12	2 02 2014
Signature	

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Jacqueline Vann

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 15 OF 17 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISSIPPI		C C00564351
Check if 24-hour report 48-hour report New	report Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee The Mississippi Link		Date of Public Distribution/Dissemination
Mailing Address 2659 Livingston Rd		
Ĭ		Amount
City State	Zip Code	600.00
Jackson MS	39213	Transaction ID : SE.4333  Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type 003	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:
THAD COCHRAN	Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	26651.85	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
WMPR 90.1 FM		M   M   / D   D   / Y   Y   Y   Y
Mailing Address 1018 Pecan Park Circle		Amount
City State	Zip Code	200.00
Jackson MS	39209	Transaction ID : SE.4319  Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type 003	10 22 7 2014
Name of Federal Candidate	Support	Office Sought: House District:
THAD COCHRAN	Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	829.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		▶ 800.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

02

2014

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Jacqueline Vann

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		[
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 16 OF 17 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Α	LL CITIZENS FOR MISSISSIPPI		C C00564351
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee WMPR 90.1 FM		Date of Public Distribution/Dissemination
	Mailing Address 1018 Pecan Park Circle		10 28 2014 Amount
	City State	Zip Code	1500.00
	Jackson MS	39209	Transaction ID : SE.4286  Date of Disbursement or Obligation
	Purpose of Expenditure Radio	Category/ Type 004	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought: House District:
	THAD COCHRAN	Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	8050.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee WQID Radio  Mailing Address 301 Humble Ave., Ste 134		Date of Public Distribution/Dissemination  10 29 2014  Amount
	City State	Zip Code	1500.00
	Hattiesburg MS	39401	Transaction ID : SE.4295  Date of Disbursement or Obligation
	Purpose of Expenditure Radio Ad	Category/ Type 004	10 29 2014
	Name of Federal Candidate	X Support	Office Sought: House District:
	THAD COCHRAN	Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	20251.85	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 3000.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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2014

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 17 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00564351
M
of Public Distribution/Dissemination
10 / 28 / 2014
nt
1001.00
ction ID : SE.4282 of Disbursement or Obligation
10 28 / Y Y Y Y
t: House District:
ent X Senate State: MS
t For: Primary X General
ther (specify) ▶
of Public Distribution/Dissemination
10 28 7 2014
ınt
800.00
of Disbursement or Obligation
10 28 2014
nt: House District:
ent Senate State: MS
nt For: Primary K General
Other (specify)
1801.00

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISSIPPI	C C00564351
Check if 24-hour report 48-hour report New report	Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
WRTM-FM	10 28 7 2014
Mailing Address P O Box 9734	Amount
City State Zip C	Code 1001.00
	86-9734 Transaction ID : SE.4282 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad  Cat	tegory/ Type 004 10 28 2014
Name of Federal Candidate	Support Office Sought: House District:
THAD COCHRAN	Oppose President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
WTYJ	10 28 2014
Mailing Address 20 East Frankiln Street	Amount
CityStateZip 0NatchezMS391:	
Purpose of Expenditure	Date of Disbursement or Obligation
Radio Ad	tegory/ Type 004 10 28 2014
Name of Federal Candidate	Support Office Sought: House District:
THAD COCHRAN	Oppose President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1801.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	27451.85
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	
Jacqueline Vann [Electronically	Filed] Date 12 02 2014
Signature	Date 12 02 2014